DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING

Controlled Substance Precursor Regulated Transaction Report

DATE	DISTRIBUTOR/PURCHASER NAME	DOPL LICENSE #
MONTHLY REPORT	QUARTERLY REPORT	

	Purchase/ Sale*		Name of	Address of	Phone	DOPL License	Drivers License	Name of Chemical	Quantity Purchased/Sold
Date	P	S	Purchaser/Buyer	Purchaser/Buyer	Number	Number	Number	Precursor	Purchased/Sold

^{*}Indicate whether the transaction was a purchase, a sale, or both by checking the appropriate box(es).

DOPL-FM-020 Revised 01/18/02